



START NOTIFICATION FOR ADMINISTRATOR- IN-TRAINING PROGRAM FOR HEALTH FACILITY ADMINISTRATORS

State Form 52638 (4-06)

INDIANA STATE BOARD OF
HEALTH FACILITY ADMINISTRATORS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2051
E-mail: pla6@pla.IN.gov

May this memorandum serve as notification to the Indiana State Board of Health Facility Administrators that I,

_____, a licensed health facility administrator and approved preceptor in the State of
printed name of preceptor

Indiana, license number _____, began the approved administrator-in-training program, as prescribed in

840 IAC 1-1-15, for _____ on the _____ day of _____, _____.
printed name of administrator-in-training *number* *month* *year*

Signature of preceptor	Date (month, day, year)
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Signature of administrator-in-training	Date (month, day, year)
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